

Name  
in  
Full

Still Born Infant Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Big Woods Kent Kent Co Md

Female Black

Occupation \_\_\_\_\_

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Elsworth Bowers Father's Birthplace Md

Mother's Maiden Name Amelia Smith Mother's Birthplace Md

Name of person giving information Elsworth Bowers How related to deceased father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G Edward Barwick  
Kennedyville  
Md.

Accident or Suicide?

Big Woods

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Francis Busco

CERTIFICATE OF DEATH

Died at	Town <u>Galena</u>	County <u>Kent.</u>	MARYLAND		
Date of death	Month <u>12</u>	Day <u>1</u>	Years —	Months —	Days <u>9</u>
Sex Occupation	Color or Race <u>Female</u>	Where Residing if not at place of death —	Birth- place <u>Maryland.</u>		
Married, Single or Widowed	Name of Wife or Husband —				
Father's Name	Lafayette Busco	Father's Birthplace <u>Maryland.</u>			
Mother's Maiden Name	Margret Anderson	Mother's Birthplace <u>Maryland.</u>			
Name of person giving Information	Lafayette Busco	How related to deceased <u>Father.</u>			

CAUSES OF DEATH

152

How long

12 hours

How long

2 hours.

Primary  
Umbilical Hemorrhage

Immediate  
Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

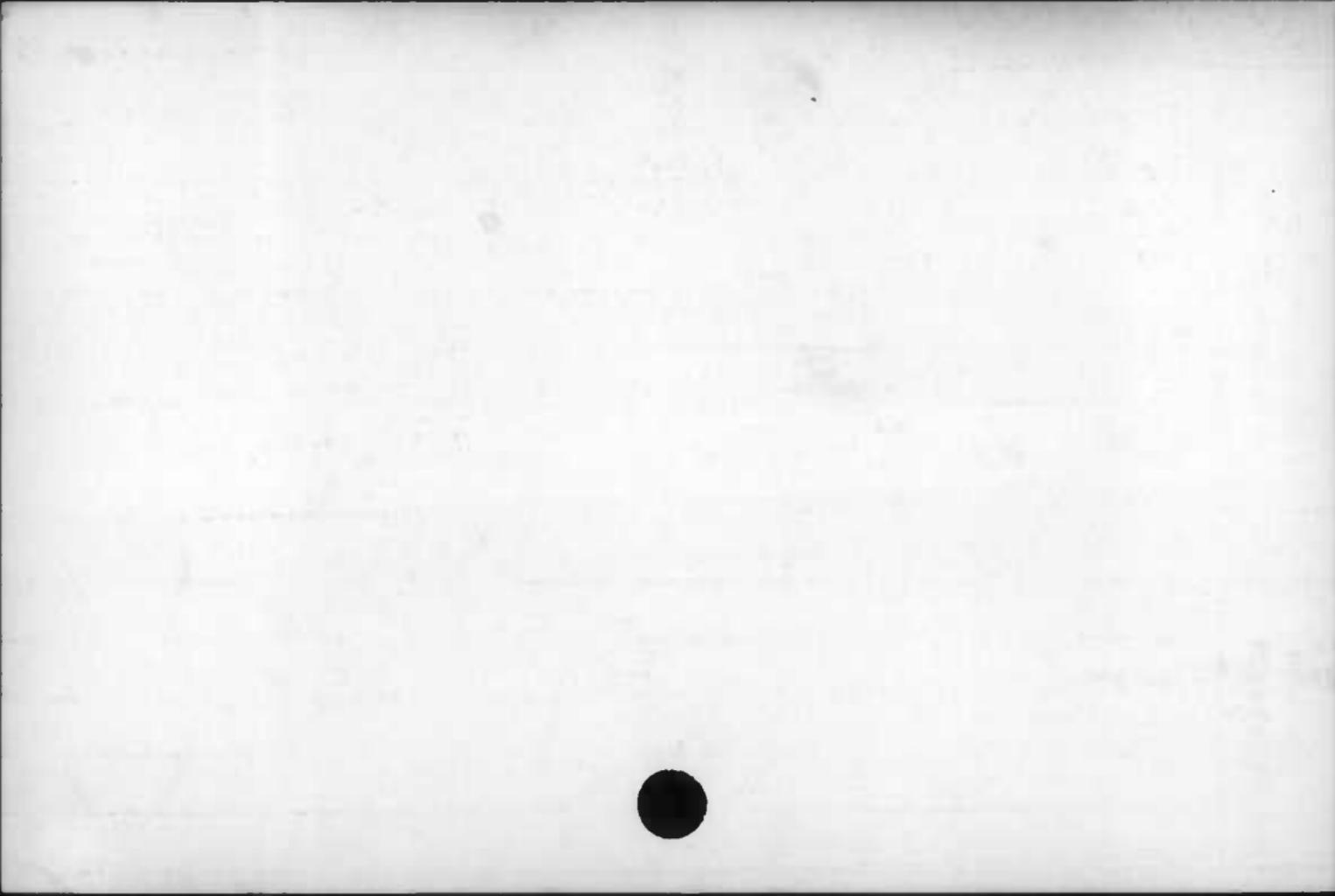
Address

G. R. Jones, M.D.

Galena

Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Arnold L. Burgess

CERTIFICATE OF DEATH

Died at <u>Rock Hall</u>		County <u>Kent</u>		MARYLAND			
Date of death <u>1908 Dec 16</u>	Month <u>Dec</u>	Day <u>16</u>	Age <u>74</u>	Years <u>7</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Femal</u>	Color or Race <u>White</u>			Birth-place <u>Kent Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Hidow</u>	Name of Wife or Husband <u>James A. Burgess</u>			Father's Name <u>No Humphreys</u>	Father's Birthplace <u>Kent Co</u>		
Mother's Maiden Name <u>Martha Humphreys</u>			Mother's Birthplace <u>Kent Co</u>				
Name of person giving information <u>Lopkins Burgess</u>			How related to deceased <u>Son</u>				

CAUSES OF DEATH

66

How long

One year

How long

one month

Primary

Hemiplegia



Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Schwabell  
Rock Hall Md.  
Maryland

Accident or Suicide?

no

Chas L. Dodd

At Paues

Cemetery

Name  
in  
Full

Ester Deckelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Chesterstown		County	Kent	
Died at	Month	Day	Years	Months	Days
Date of death	1908	Dec	1	4	
Sex	Color or Race	Female White			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Louis Deckelman				
Mother's Maiden Name	Mollie Deckelman				
Name of person giving Information	Mother				
Father's Birthplace	Russia				
Mother's Birthplace	Russia				
How related to deceased					

CAUSES OF DEATH

(61)

Primary

Injury to spine by fall about a year ago.

How long

Immediate

Meningitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

H. George Simonsen

Address

Chesterstown

PHYSICIAN  
OR CORONER

Ched dead when I was sent for -

Accident or Suicide No.

SLD

Name  
in  
Full

George B Demby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oberlinwood</u>		County <u>Realt</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>4</u>	Years <u>16</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>Col</u>	Birth-place <u>Md</u>			
Occupation <u>Labover</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Isaac Demby</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Emma Grasow</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Henry Miller</u>	How related to deceased <u>Widow</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Intercallosis

Immediate Exhaure heart

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

JG Lampers  
Oberlinwood

Accident or Suicide No

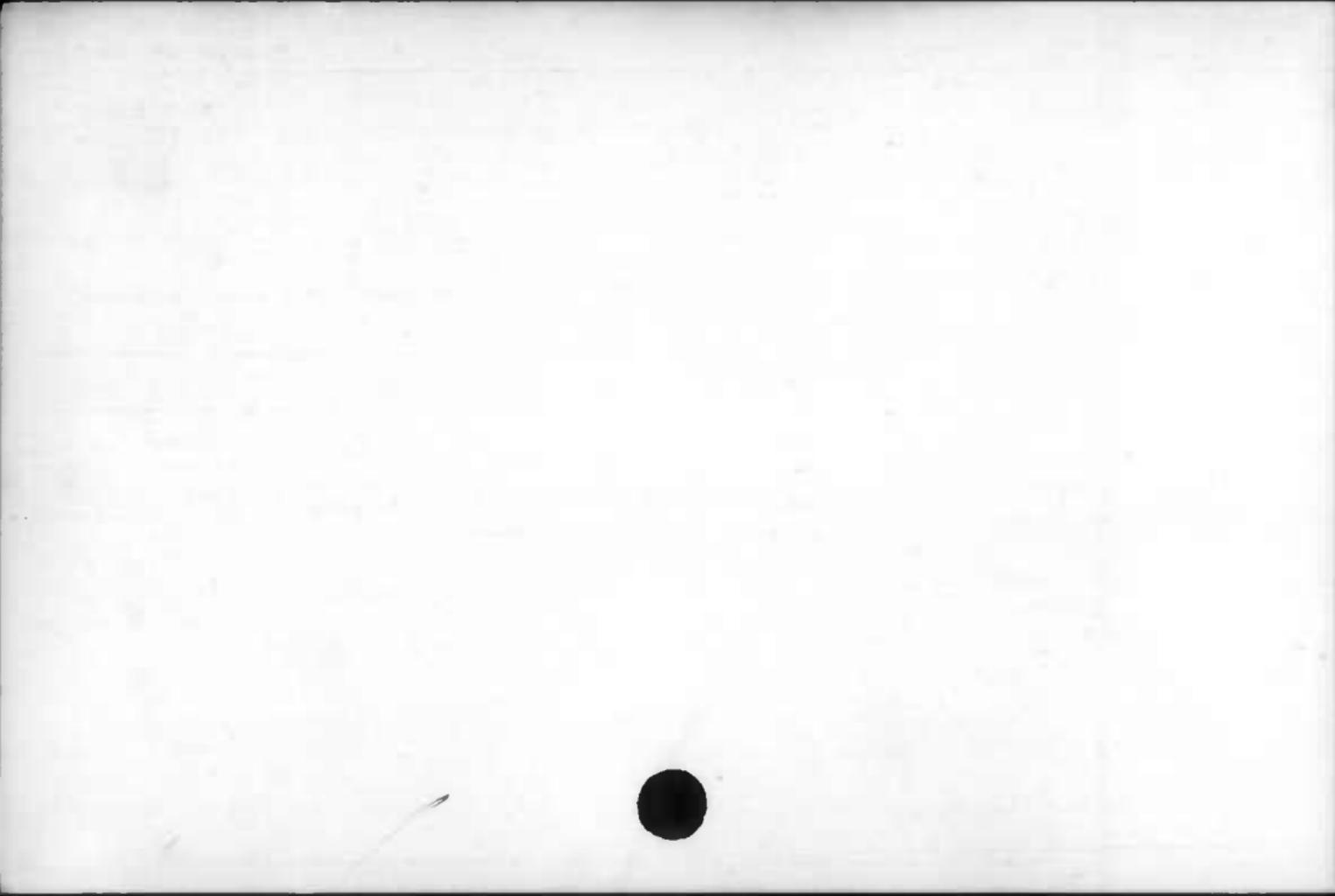
(27)

How long

6 month abt

How long

1 week



Name  
in  
Full

Raymond Saniel Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easter Neck Island</u> Town <u>Kent</u> County			MARYLAND		
Date of death <u>1908</u>	Month <u>See</u>	Day <u>25</u>	Years <u>19</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Water man</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas Ford</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary J Moore</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>J A Murther</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

79

How long

4 weeks

How long

One day

PHYSICIAN  
OR CORONER

Primary

Heart disease

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

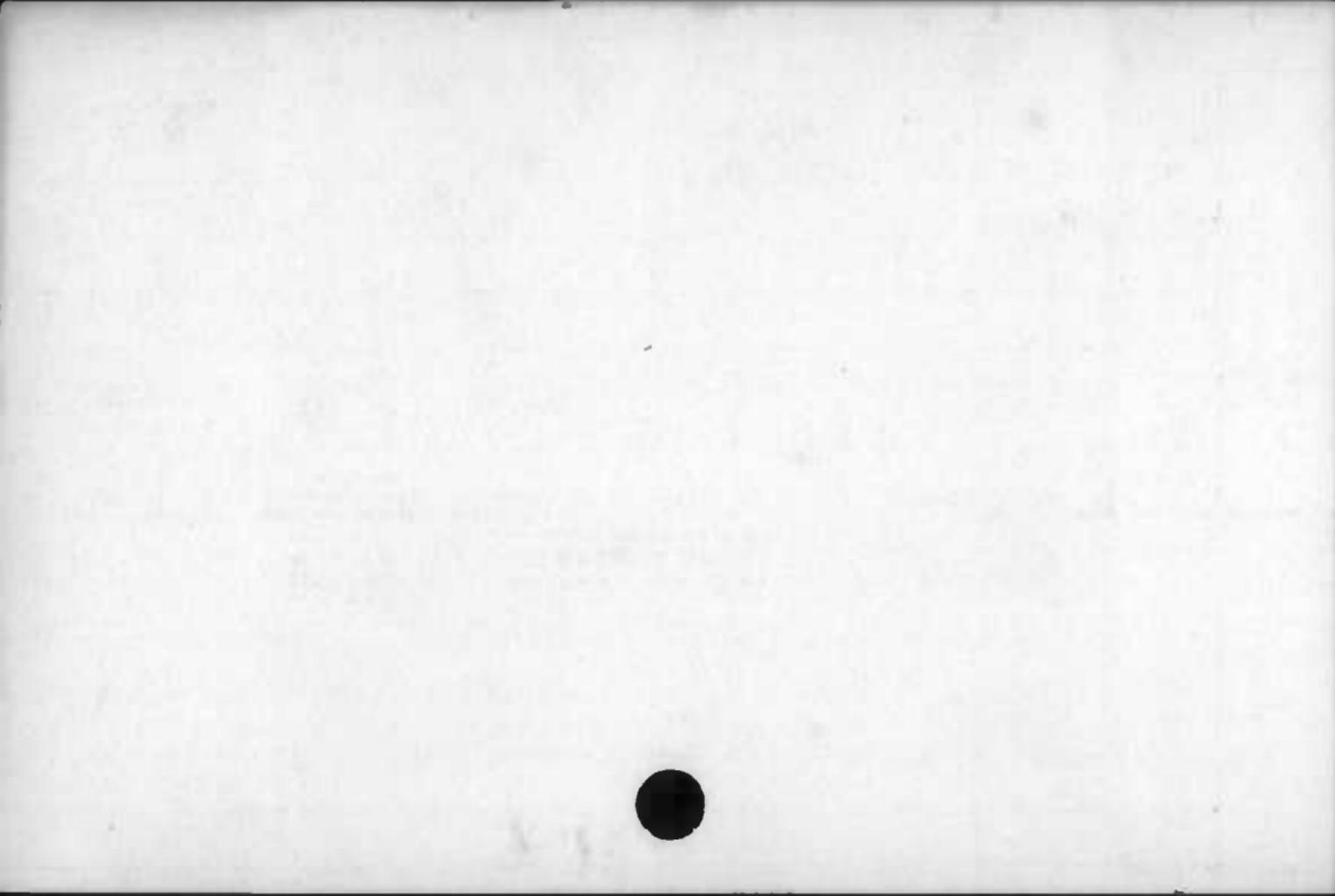
Yes

Signature of Physician

Address

Walter Seely MD  
Rock Hall, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harry Hamilton

CERTIFICATE OF DEATH

Died at

Chestertown

Kent County

MARYLAND

Date  
of death

1908

Month

24 Day

Years

9

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Kent Co

Occupation

Laborer

Where Residing if not  
at place of death

Kent Co

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Henry Freemason

Father's  
Birthplace

Kent Co

Father's  
Name

Harry Hamilton

Mother's  
Maiden Name

Hannah Harry

Mother's  
Birthplace

Kent Co

Name of person giving  
Information

Mostha Davis

How related  
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Several yrs.

Immediate

Uremia

How long

Few hours.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Frank B. Hines

Chestertown

Accident or Suicide?

No

Yes

No.

This man's wife still living - That is he called  
her wife, but whether married I don't know. Above is  
her name as given to me.

F. C. Hines.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Edward Johnson CERTIFICATE OF DEATH  
Died at Town County MARYLAND  
near Millington Kent

Date Month Day Years Months Days  
of death 1908 12 11 — — — 21

Sex male Color or Race Black Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not  
et place of death \_\_\_\_\_

Married, Single  
or Widowed \_\_\_\_\_

Name of Wife or  
Husband \_\_\_\_\_

Father's  
Name

John E. Johnson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Frances Martin

Mother's  
Birthplace

Md

Name of person giving  
Information

John E. Johnson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

New long

Immediate

about 10 days

Are the name, age, sex, color, date  
and place correctly given above?

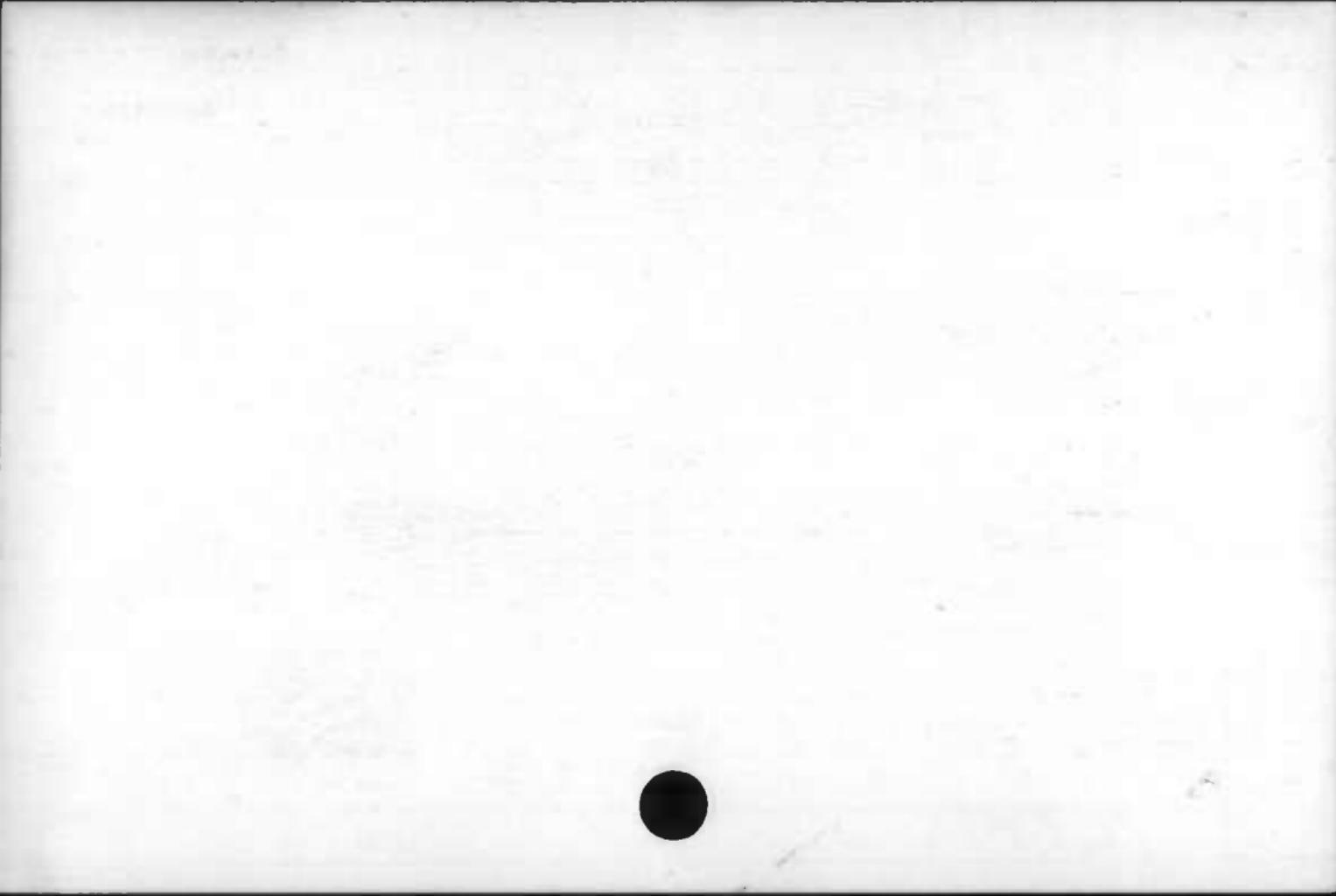
Yes

Signature of  
Physician

Address

D. W. Jacobs  
Millington  
Md

Accident or Suicide



Name  
in  
Full

Suey Lively

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Black,	Birth-place	Kent Co Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Bejamin Lively				
Father's Name	Noah Phillips		Father's Birthplace	Kent Co Md.		
Mother's Maiden Name	Clara Barrell		Mother's Birthplace	Kent Co Md.		
Name of person giving Information	Bejamin Lively		How related to deceased	Husband		

CAUSES OF DEATH

137

How long

How long

2 weeks

PHYSICIAN  
OR CORONER

Primary

Hemorrhage Miscarriage

Immediate

Septic Toxemia

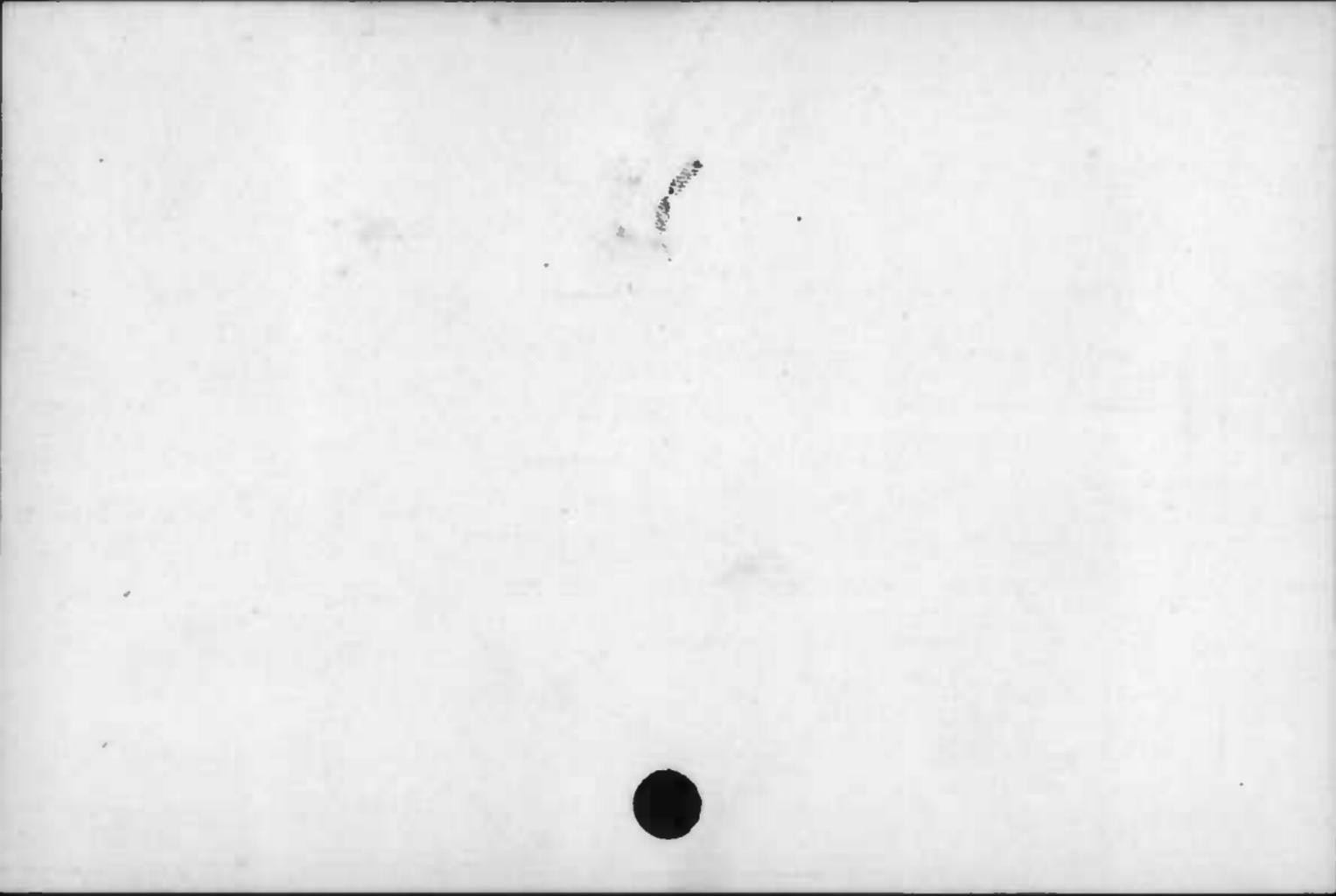
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E.W. Wheland MD  
Chestertown Md

Accident or Suicide?



Name  
in  
Full

Thomas Messer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Galena</u>	Town	<u>Kent</u>	County	MARYLAND		
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>20</u>	Age <u>70 about</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Kent Co.</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Laura Scott</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name	Mother's Birthplace <u>Unknown</u>					
Name of person giving information	How related to deceased <u>64</u>					

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

5 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward A. Scott.  
Galena, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide? No



Name  
in  
Full

William S Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at	Lynch	Rent		MARYLAND	
Date of death	1908	Month Dec	Day 12	Years 64	Months 8 Days -
Sex	Male	Color or Race	White	Birth-place	md
Occupation	Farmer			Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	Hannah	Melvin	
Father's Name	John F Melvin			Father's Birthplace	md
Mother's Maiden Name	Esther Tharp			Mother's Birthplace	West Del.
Name of person giving Information	Mrs Melvin			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

90

How long

two weeks.

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W.S. Maxwell,

Address

Still Pond, Md.

Accident or Suicide

Still Pond

Name  
In  
Full

Pearley Ruffett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Blairstown

County  
Kent

MARYLAND

Date  
of death

1908 Dec.

Month

19 Day

Years

Age 41

Months

9 Days

22

Sex

Male

Color or  
Race

White

Birth-  
place

Kent Co., Md.

Occupation

Farmers

Where Residing if not  
at place of death

Blairstown

Married, Single  
or Widowed

Name of Wife or  
Husband

Sally V. Pennington

Father's  
Name

Jeremiah Ruffett

Father's  
Birthplace

Kent Co., Md.

Mother's  
Maiden Name

Adela Farmer

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Sally V. Ruffett

How related  
to deceased

Wife

CAUSES OF DEATH

123

How long

3 or 4 years

How long

4 days

Primary

Cystitis

PHYSICIAN  
OR CORONER

Immediate

Uremia

Signature of  
Physician

Edward A. Scott.

Address

Galam, Md.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Accident or Suicide?

No



Name  
in  
Full

Benjamin Seneey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Wooden Point	County	Kent	MARYLAND			
Date of death	Month	Dec	Day	29	Years	58	Months	Days
Sex	Male	Color or Race	6d	Birth-place	Ned			
Occupation	Laborer				Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Phillips					
Father's Name	Arthur Seneey	Father's Birthplace	Ned					
Mother's Maiden Name	Rebecca Rozier	Mother's Birthplace	Ned					
Name of person giving Information	Alex Conneggs	How related to deceased	None					

CAUSES OF DEATH

27

How long

About 6 months

How long

2 weeks

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of Physician

Address

H.G. Simpkins

Blue Lagoon

Accident or Suicide

No

Norton Point  
Church  
Connecting  
Chasd Dodd

Name  
in  
Full

Mopliee Sevey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Chesapeake County Kent  
Died at Chesapeake Month Dec Year 1908 Days —  
Date of death Month Day Years Months Days  
Sex Male Color or Race Black  
Occupation child Where Residing if not at place of death at home  
Married, Single or Widowed Sister Name of Wife or Husband —  
Father's Name Unknown Father's Birthplace —  
Mother's Maiden Name Agnes Sevey Mother's Birthplace Kent Co.  
Name of person giving information Thomas Sevey How related to deceased Grandfather

PHYSICIAN  
OR CORONER

Primary

**Whooping Cough**

(8)

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D P Gowan MD  
Mellington  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Millington		Rand.				
Date of death	Month	Day	Years	Months	Days	
1908	Dec	16	64	8	25	
Sex	Female	Color or Race	White	Birth-place	Sudlersville	
Occupation	Housework		Where Residing if not at place of death	At home		
Married, Single or Widowed	Widow	Name of Wife or Husband	Estakane			
Father's Name	Cornelius Comegys.		Father's Birthplace	Queen Anne Co.		
Mother's Maiden Name	Marye Suckler.		Mother's Birthplace	Queen Anne Co.		
Name of person giving Information	Mrs Sarah Hale		How related to deceased	Daughter		

## CAUSES OF DEATH

27

How long

10 year

How long

3 day.

PHYSICIAN  
OR CORONER

Primary

Tuberculosis.

Immediate

Gastritis &amp; Exhaustion

Are the name, age, sex, color, date and place correctly given above?

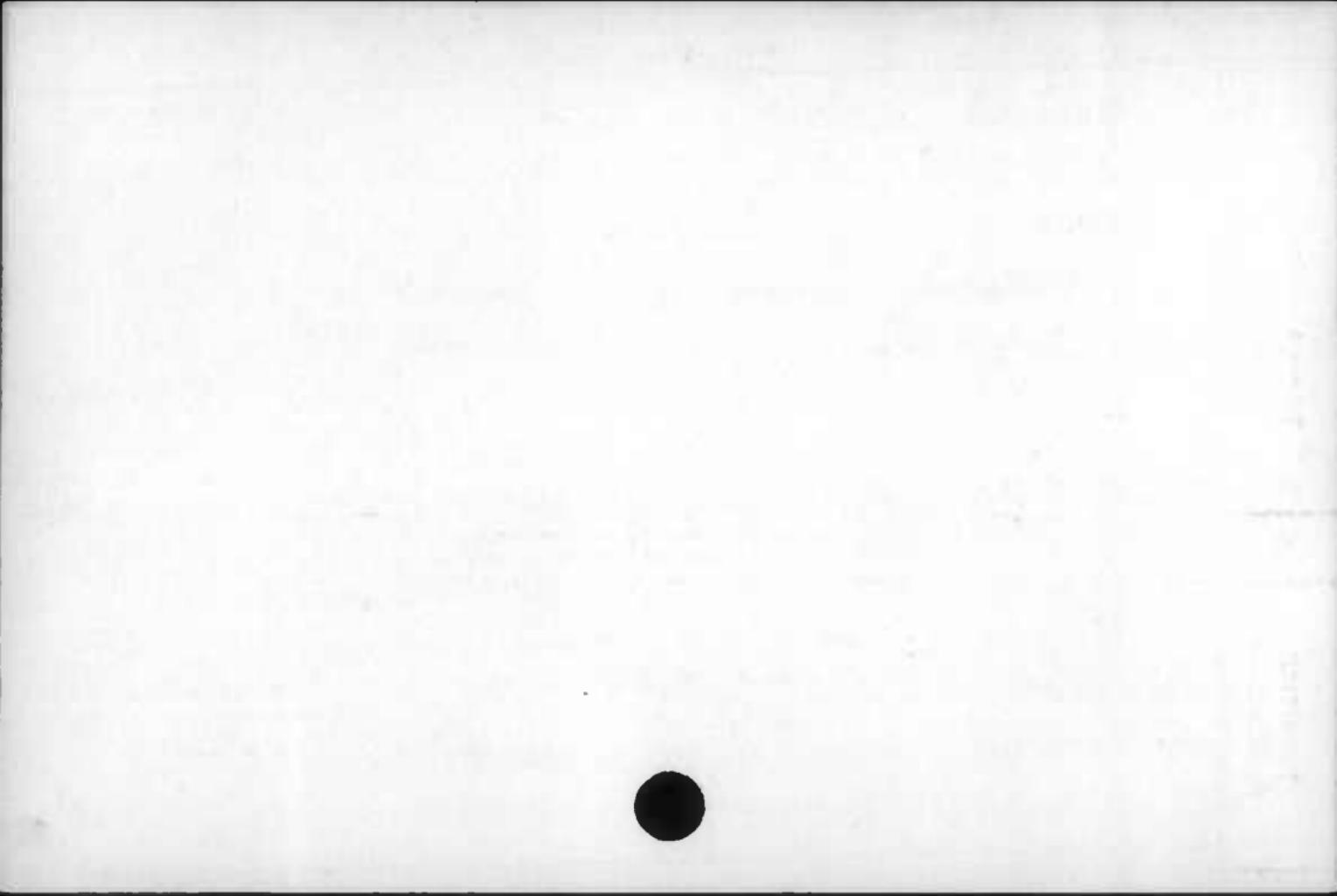
Yes

Signature of Physician

Address

C P Gouraud MD  
Millington  
Md

Accident or Suicide?



Name  
in  
Full

Thomas J. Shallcross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Socurt Grove County Kent  
Died at Socurt Grove State MARYLAND  
Date Month Day Year Month Day  
of death 1908 Dec 29 Age 80 3 —  
Sex Male Color or Race White Birth-place Penna  
Occupation Retired Farmer Where Residing if not  
at place of death Betterton Md  
Married, Single or Widowed Married Name of Wife or Husband Sesville Boarding  
Father's Name Jacob Shallcross Father's Birthplace Pa  
Mother's Maiden Name Margret Fox Mother's Birthplace Pa  
Name of person giving Information Thomas Shallcross How related to deceased Son

CAUSES OF DEATH

104

How long

How long

Primary

Immediate

Acute Myocarditis 16 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

yes.

J. H. Huntington  
Hospital, Md.

Accident or Suicide

Julius

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gratitude</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1908 December</u>	Month <u>December</u>	Day <u>13</u>	Years <u>74</u>	Months <u>10</u>	Days <u>13</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Kent Co.</u>		
Occupation <u>Private Citizen</u>		Where Residing if not at place of death <u>Gratitude</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Saira C. Tilden</u>					
Father's Name <u>John Thomas</u>			Father's Birthplace <u>Kent Co.</u>			
Mother's Maiden Name <u>Harriett M. Strong</u>			Mother's Birthplace <u>14</u>	<u>14</u>		
Name of person giving Information <u>E. Hines Thomas</u>			How related to deceased <u>Son</u>			

## CAUSES OF DEATH

154

Primary <u>General debility</u>	How long <u>3 Months</u>
Immediate <u>Peritonitis</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter O. Selby M.D.</u>
	Address <u>Rock Hall, Md.</u>
Accident or Suicide?	

W<sup>6</sup> Evan Thomas -  
burial at St Pauls

Chas L Dodd

Name  
in  
Full

Mary E. Toulson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Syndic	Kent			
Date of death	Month	Day	Years	Months	Days
1908	Dec	30	79	9	—
Sex	female	Color or Race	white	Birth-place	md
Occupation	House			Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband	John A. Toulson	Father's Birthplace	Pa
Father's Name	John Sapp			Mother's Birthplace	Nel
Mother's Maiden Name	Mary W. Pierce			How related to deceased	Son
Name of person giving Information	Robie Toulson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

3 months.

Immediate

Heart-failure.

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

W. S. Maywell,  
Still Pond, Md.

Accident or Suicide

Union Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bradford Almon Tansant

CERTIFICATE OF DEATH

Died at <i>Galena</i>		County <i>Kent.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Dey <i>22</i>	Years	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Maryland.</i>			
Occupation <i>now</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband				
Fether's Name <i>Andrew H. Tansant.</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Gertude Boyd.</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving In formation <i>Joseph Boyd.</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

179

How long

7 mos.

How long

36 hours.

Primary

*Marasmus*

Immediate

*Exhaustion*

Are the name, age, sex, color, date  
and place correctly given above?

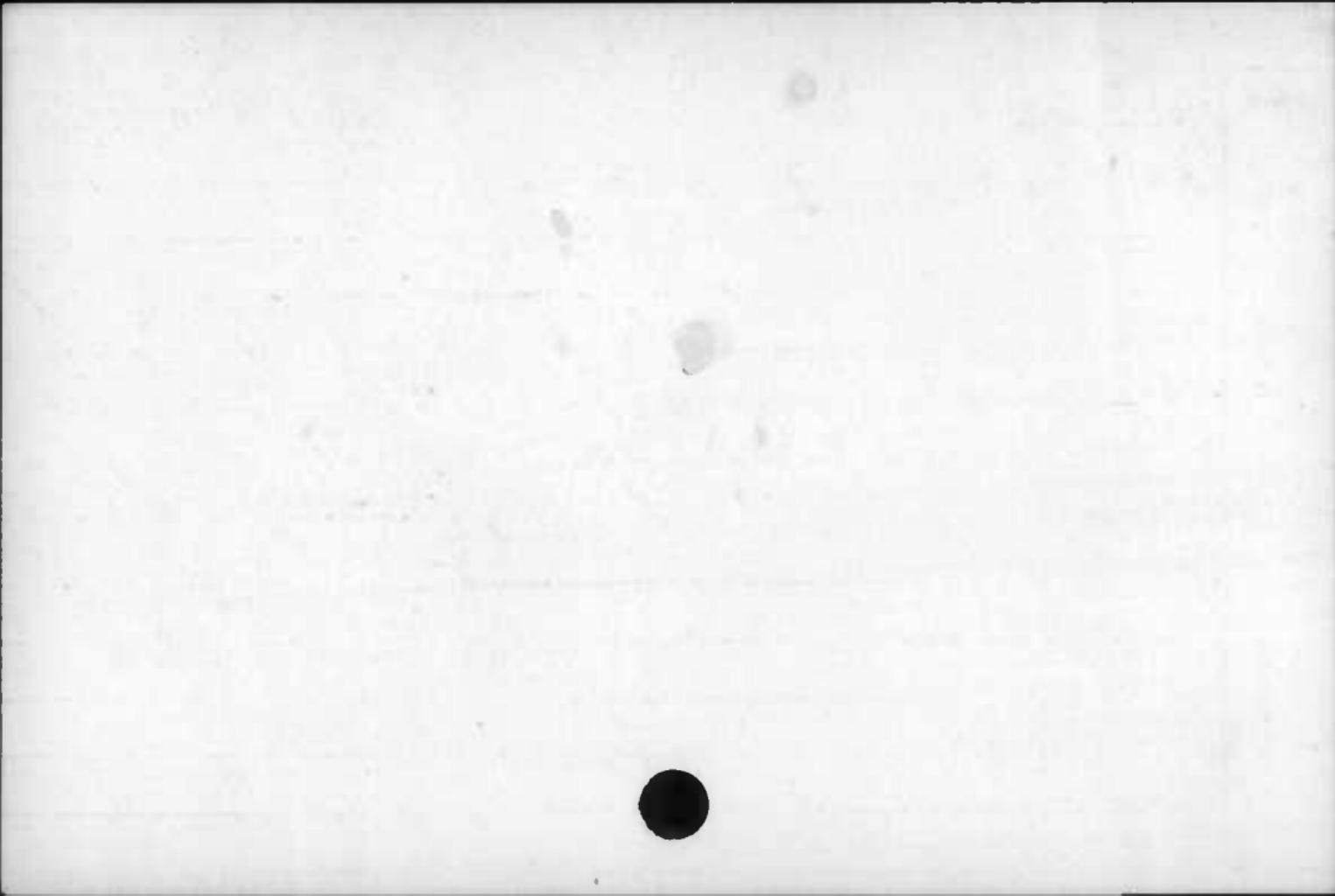
*Yes.*

Signature of  
Physician

Address

*Ges R. Jones M.D.  
Galena  
Md.*

Accident or Suicide?



Name  
in  
Full

Still Born Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

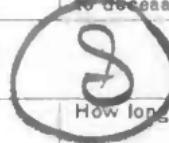
Died at	Town	County	MARYLAND
near Lynch	Kent		
Date of death	Month	Day	Months Days
1908	Dec	8	
Age			
Sex	Color or Race	Birthplace	
Male	Black	Md	
Occupation	Where Residing if not at place of death		
Married, Single <del>or Widowed</del>	Name of Wife or Husband		
Father's Name	Hiram Wallace		
Mother's Maiden Name	Lydia Dorsey		
Name of person giving Information	Clarence Dorsey		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born.



How long

Immediata

Are the name, age, sex, color, date and place correctly given above?

yes.

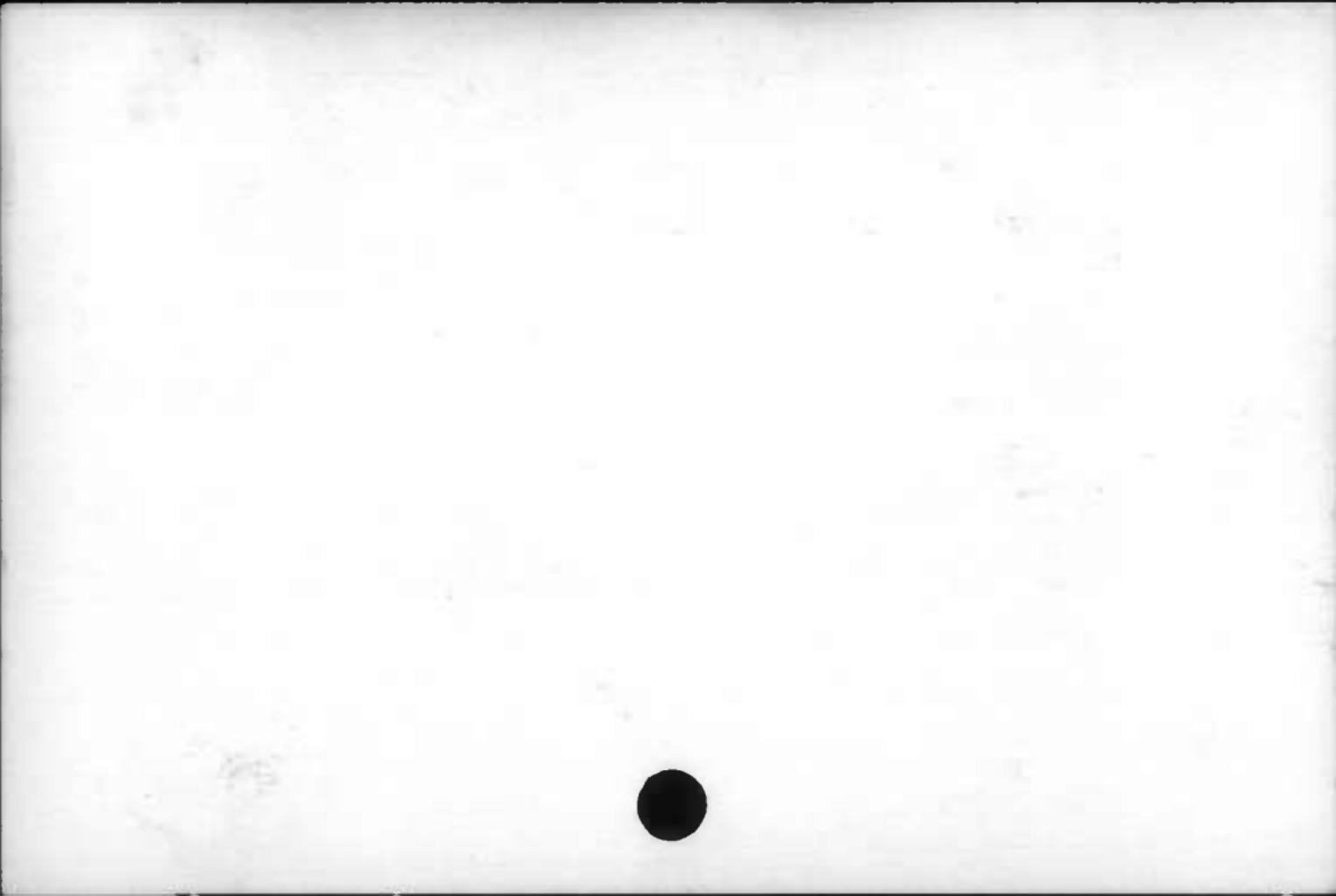
Signature of Physician

Address

W.S. Maywell,

Still Pond, Md.

Accident or Suicide



Name  
in  
Full

Rubie Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	near Synch		Hent		
Date of death	Month Dec 1	Day 14	Years 2	Months 2	Days —
Sex	female	Color or Race	Black	Birth-place	Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Md
Father's Name	Fletcher A. Wilmer			Mother's Birthplace	Md
Mother's Maiden Name	Sadie Hances			How related to deceased	Md.
Name of person giving Information	Fletcher Wilmer			How long	179 year
CAUSES OF DEATH					
Primary	Malaria			How long	"
Immediate	Exhaustion			Address	Jas. W. Urie, M.D. Kennedyville Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Accident or Suicide

Still Pond.